



Quality Council
Tuesday, May 27, 2003
3:30-5:00 p.m.
Conference Room 6A, Exchange Building
821 Second Avenue, Seattle WA 98104

Members Attending:

Ron Sterling, Chair
Eleanor Owen
Frank Jose
Richard Hart
Alberto Gallego

Staff Present:

Lisbeth Gilbert

Guests:

Howard Miller
Kali Henderson
Randy Polidan
George Parker
Christine White

I. CALL TO ORDER

Chairman Ron Sterling called the meeting to order at 3:30 p.m.

II. INTRODUCTIONS

Meeting participants introduced themselves

III. PREVIOUS MEETING NOTES APPROVAL

Ron noted an error in the April meeting minutes under Announcements: It should read "...Ron Sterling was nominated by the National Alliance for Mentally Ill (NAMI) to receive the exemplary award provided by the Psychiatric Association." A decision was made to postpone approval of the minutes until the correction is done.

IV. QUALITY COUNCIL RECOMMENDATIONS

A. RSN Report Card

Frank Jose said that the RSN Report Card for the First Quarter of 2003 has been published. He briefly discussed a summary description of client outcomes. The report includes data showing improvement in the number of homeless clients and other clients acquiring or maintaining independent housing by the end of their tier benefit, a decrease psychiatric symptoms for adults and older adults, and an increase in paid employment for adult clients.

Eleanor Owen expressed concerns about the impact of mental health budget cuts on providing housing for homeless clients and the need to find alternate ways of providing services. Liz Gilbert pointed out that the RSN is actively working with providers to increase housing options, which is consistent with the RSN's new housing policy. This effort was enhanced through the new housing voucher program that will be managed by Seattle Mental Health.

Frank suggested asking Amnon, Jean, or Shelle to give a presentation to the Board about RSN Report Card, and that the QC begin reviewing performance indicators on a regular basis. Liz will follow up, and will include a copy of the First Quarter 2003 Report Card in next month's mailing

B. Case Manager Turnover Study

The Council continued their discussion about follow-up to the Case Manager Turnover Study. Eleanor Owen noted there will be little opportunity to encourage more support for case managers until the current budget concerns are addressed. While acknowledging the importance of a stable work force, she stated it is also important to help clients become less dependent on the system and more self-sufficient.

Liz reminded the Council that she provided them with a report prepared for the Mental Health Division that describes the distribution of case managers across the county and shows the ratio of case managers to clients enrolled in the Mental Health Plan (the outpatient program). Although the RSN cannot support the collection of additional data, this report provides considerable detail, including areas of specialization for each provider and a count of staff who can interpret for languages other than spoken English.

Ron provided copies of a letter written by Christine White in which she describes information she gathered about case load size and administrative

burdens that impact case managers. George Parker said Christine's letter describes the situation at Therapeutic Health Services. He recommended that the Council target paperwork reduction as a project that could improve case manager morale and retention.

Liz stated that the RSN is acutely aware of paperwork burden and continues to search for ways to reduce requirements. However, many current requirements are passed on from federal and state agencies, and mandates from other funders. Recent examples where requirements were reduced by the RSN include agency requirements for developing crisis plans. Now, instead of requiring plans for all clients, plans are now only required for clients who meet specific risk criteria. A work group of RSN and agency clinical directors developed these criteria. There has also been a reduction in electronic data reporting requirements – the RSN now only collects data that has a specified purpose. However, the majority of electronic data is collected because of state, federal, or other funder requirements. Data is also collected for utilization management and system performance monitoring, which are critical functions for the RSN.

Discussion followed regarding evaluation of paperwork reduction at the agency level. Kali Henderson noted that Valley Cities has a Medical Records Committee. Frank then asked about oversight of Quality Assurance/Improvement at the provider level. Kali indicated most agencies, particularly those who are credentialed by organizations like the Joint Commission on Hospital Accreditation (JCOHA), are required to have Quality Improvement Managers.

Ron said that the Quality Council has spent considerable time discussing various ways to address the ongoing issue of case manager turnover, but continues to struggle with finding implementable solutions. He suggested that he write another letter to the Chair of the King County Mental Health Advisory Board that states the Quality Council position on previously identified issues. He stated that it is the responsibility of the Council to express its opinions and to base recommendations on principles. Council members agreed, so Ron will draft a letter for their review and comment.

V. RSN Update – Liz Gilbert

- Liz Gilbert described several new initiatives that will be implemented as the result of a King County Council Budget Proviso in which some \$1.8 million was reallocated from the Department of Adult and Juvenile Detention to the Department of Community and Human Services to “determine options for enhancing continuity of care for persons in the criminal justice system with chemical dependency and mental health needs.” The assumption underlying the proviso is that access to continuity of care will get/keep people out of jail and save money in the long run.

The target population is individuals charged with a felony or a King County misdemeanor who either won't be transferred to a Department of Corrections (DOC) facility or can be prevented from transferring; or those who are non-compliant with court orders AND are diagnosed with a mental illness, chemical dependency, or have co-occurring mental illness/chemical dependency. Following an intensive process involving stakeholders from relevant county agencies, the following initiatives were identified::

1. Identify/develop a comprehensive assessment that meets the needs of all stakeholders (e.g. courts, prosecuting attorneys, public defenders, Jail Health, Community Corrections, community treatment providers).
 2. Provide coordinated/integrated services for individuals with co-occurring mental illness and chemical dependency.
 - The RSN has issued a Request for Proposal for these services.
 3. Provide program evaluations for all initiatives.
 4. Provide ADATSA assessments for inmates while they are still incarcerated to increase speedy access to post-release chemical dependency treatment.
 5. Facilitate Medicaid applications for inmates in jail who need enrollment in order to receive post-release mental health treatment.
 6. Enhance access to opiate substitution treatment, beginning while inmates are incarcerated and continuing when they return to the community.
 7. Increase access to post-release services by augmenting liaison services currently limited to Mental Health Court.
 8. Provide vouchers for mental health treatment for individuals primarily served in the King County Mental Health and Drug Diversion Courts.
 9. Increase access to community-based services for people sentenced to Day Reporting Center (DAJD).
 10. Develop a new position housed in the DCHS to coordinate all initiatives. Dave Murphy will assume that position.
 11. Provide training (court, jail, community providers) to increase the effectiveness of their working relationship.
- Recovery Ordinance Report: The calendar year 2002 report was transmitted by County Executive to the King County Council. Because such reports require council action before the document considered final/public, it is not considered final until that action occurs. Liz agreed to provide a copy of the final report to the QC.
 - Legislature: There is no new information on the status of budget. It appears discussion about the pay for state workers and schoolteachers are causing a delay in final decisions.
 - Regional Employment Services & Placement Centers: Contracts are under development with Community Psychiatric Clinic, who will operate centers in

Shoreline and Rainier Valley, and with Transitional Resources who will cover the remainder of the county. Walt Adam is now the RSN lead for this project.

- Housing Voucher: To date, 17 people have been placed since May 1, 2003. The King County Drug Diversion and Mental Health Courts provide referrals. Seattle Mental Health (SMH) and Pioneer Human Services (PHS) are partners in operating this project. Within six months of client placement in the transitional housing provided by PHS, case managers from SMH will locate appropriate permanent housing for each client.

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RSN Update

- Mentally Ill Offender Community Transition Project: To be funded in next biennium. KCRSN to receive approx. \$800,000 to pay for services/supports. MHD to pay separately for eval.
- MHD Revenue Contract: RSNs have received copy for signature. RSN in final stages of admin review of current biennium's contract, and certification as RSN.
- Update on CJ Initiatives:
 - SMH MH Court Liaison contract amended to add 3 new liaison positions: KCCF, RJC & Community Corrections
 - Non-medicaid vouchers (\$400 +) for six month benefit
- Recovery: The RSN will be developing an internal plan that pulls together current initiatives (RSN & provider), and identifies additional opportunities for recovery-based efforts. QC: survey provider network.
- Recovery Ordinance Report: Expect to have available next month.
- D/A network RFP: to be issued 07/02; on streets for several weeks. To assure most competitive & competent provider network that emphasizes best practice approaches in the treatment of individuals who are dependent upon drugs and/or alcohol.